RIDE Comprehensive Early Childhood Education Program Variance Request



Date of Request _____

	WTOFED.
Program Information (Please print)	
Name	
Location (Street, City, State and Zip Code)	
Mailing Address (if different from above)	
Phone Number	Fax Number (Optional)
Email Address (required)	_
Who is the primary contact regarding this variance	request?
Standard	
Please identify the standard for which you are requ	esting a variance. If you are requesting a variance for more than one
standard, complete a separate request for each sta	indard. If a standard includes multiple components, clearly specify the
components to which this variance request applies.	If additional space is needed, please use the reverse side.

Current Status



Please describe the program's current status in relation to the standard for which a variance is being requested. If additional space is needed, please use the reverse side. Attach additional documentation which you determine will help describe your program's current status.

Justification and Interim Plan

Use the space below to address the reasons why the program is unable to meet the standard at this time and to describe the interim plan for meeting the intent of the standard while working toward full compliance with the standard. If additional space is needed, please use the reverse side. Attach additional documentation which you determine will help support this justification and/or helps describe your interim plan.			

Tasks and Timelines for Meeting the Standard in Full

In the space provided below, please identify the tasks and corresponding timelines which will be completed to achieve full compliance with the standard.



Task	Timeline	Evidence of Progress to be Submitted
	<u> </u>	1

Anticipated Date of Full Compliance: _____

Additional Considerations

Committee and/or RIDE to consider when reviewing your variance request.	APPROVED COMPREHENSI EARLY CHILDHOOD EDUCATION PROGRAM	